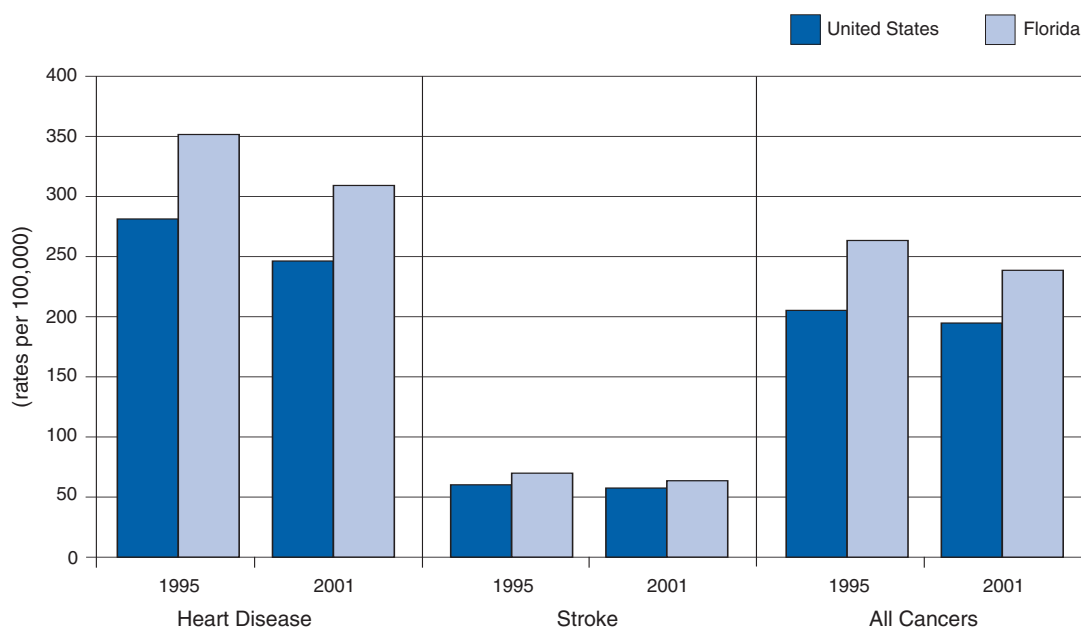


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Florida, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

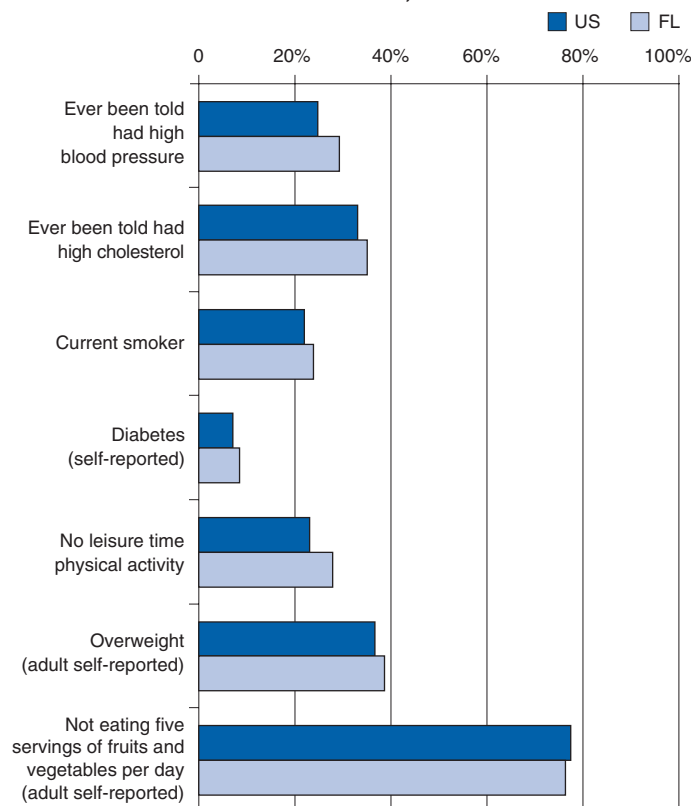
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Florida, accounting for 50,629 deaths or approximately 30% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 10,414 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 40,090 are expected in Florida. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 97,290 new cases that are likely to be diagnosed in Florida.

Estimated Cancer Deaths, 2004

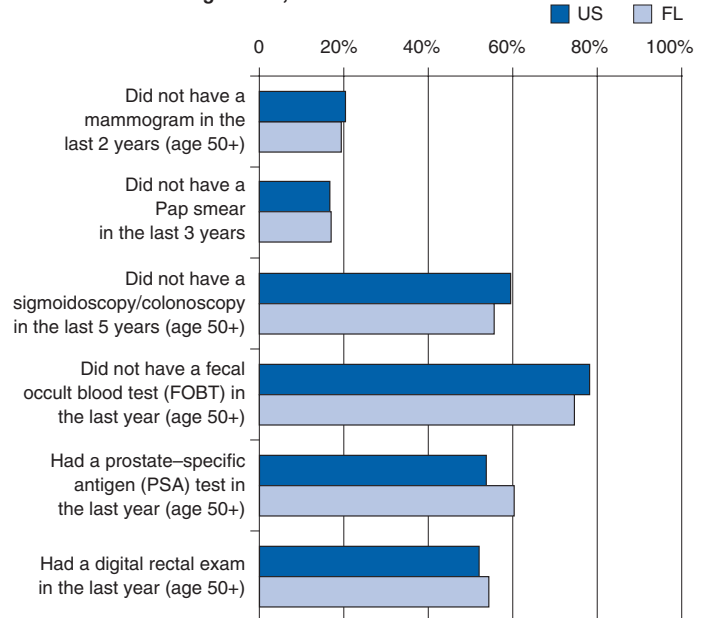
Cause of death	US	FL
All Cancers	563,700	40,090
Breast (female)	40,110	2,480
Colorectal	56,730	3,840
Lung and Bronchus	160,440	12,360
Prostate	29,900	2,220

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Florida's Chronic Disease Program Accomplishments

Examples of Florida's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women across all races, with the greatest decrease occurring among African American men (414.5 per 100,000 in 1990 versus 312.3 per 100,000 in 2000).
- A 16.9% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 36.3% in 1992 to 19.4% in 2002); for African American women older than age 50, the number decreased 29.3% (from 50.5% in 1992 to 21.2% in 2002).
- A 2.8% decrease in the number of women older than age 18 who reported not having had a Pap smear in the last 3 years (from 19.8% in 1992 to 17.0% in 2002).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Florida in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Florida, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Florida BRFSS</i>	\$153,968
National Program of Cancer Registries <i>Florida Cancer Data System (FCDS)</i>	\$1,343,710
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Florida Cardiovascular Health Council</i>	\$1,268,984
Diabetes Control Program <i>Closing the Gap</i> <i>Indigent Insulin Program</i>	\$647,183
National Breast and Cervical Cancer Early Detection Program <i>Florida Breast and Cervical Cancer Early Detection Program</i>	\$4,045,728
National Comprehensive Cancer Control Program <i>Cancer Control and Research Advisory Council</i> <i>Florida Cancer Plan</i>	\$187,331
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Florida Tobacco Prevention and Control Program</i>	\$661,526
State Nutrition and Physical Activity/Obesity Prevention Program <i>Pedometer Loan Program</i> <i>PACE (Patient-centered Assessment and Counseling on Exercise)</i>	\$400,000
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Florida International University</i>	\$915,089
Total	\$9,623,519

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Florida that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Coronary Heart Disease, Stroke, and Diabetes

Despite more than 3 decades of declining cardiovascular disease (CVD) death rates, and despite rates of heart disease and stroke deaths that are lower than the national average, CVD remains the leading cause of death for men and women of all racial and ethnic groups in Florida. From 1996 to 2000, Florida had a heart disease death rate of 493 per 100,000, compared with the national rate of 536 per 100,000. From 1991 to 1998, Florida had one of the lowest stroke death rates in the nation, at 102 per 100,000, compared with 121 per 100,000 nationwide.

The elderly are not the only Florida residents affected by CVD. In 2000, there were nearly 5,000 heart attack deaths and more than 1,100 stroke deaths among Florida residents under the age of 65, and more than 71,000 hospital discharges for heart disease and stroke among those under the age of 65. During the same year, the age-adjusted stroke death rate for women was 44.9 per 100,000 population; for men, the rate was 51.2 per 100,000. However, more women than men died of stroke each year in Florida (for example, 6,001 women versus 4,380 men in 2000). The lower age-adjusted stroke death rate and higher number of stroke deaths for Florida women reflect the state's larger population of older women.

Diabetes is an important modifiable risk factor for both coronary heart disease and stroke because the risk of CVD-related death is 2 to 4 times greater for persons with the disease. In Florida, an estimated 1 million adults have diabetes that has been diagnosed and an estimated 300,000 have diabetes and are unaware of their disease status. Florida's diabetes prevalence remained stable from 1987 to 1997 (at approximately 5.6%), but increased to 6.9% in 2000.

The Florida Department of Health began receiving funds from CDC in 2002 to support a state heart disease and stroke prevention program. In addition to developing a state plan for action, the Florida Department of Health's *Cardiovascular Health Program* competitively provides funds for county health departments to implement community-based intervention programs. The program also promotes statewide public/private partnerships that address cardiovascular health, women and heart disease, physical activity, nutrition, obesity prevention, tobacco avoidance, and diabetes.

Text adapted from *Florida Cardiovascular Surveillance Summary and State Plan for Action* (2001).

Disparities in Health

Hispanics are the fastest growing minority population in the country; in 2000 they comprised almost 17% of Florida's population. Like other racial and ethnic minorities, Hispanics in Florida experience health disparities for some critical risk factors and chronic diseases, such as nutrition, physical activity, overweight and obesity, and heart disease. In other areas, such as diabetes, high blood pressure and stroke, Hispanics have better health status than other groups.

In 2003, CDC Behavioral Risk Factor Surveillance System (BRFSS) data indicate that African Americans (20.6%) and Hispanics (20.7%) were less likely to consume 5 servings of fruits and vegetables per day than whites (24.4%). Hispanics also had lower rates of participation in leisure time physical activity (61.8%, compared with 67.6% for African Americans and 75.4% of whites). Based on these risk factors, Hispanics were also more likely to be overweight than whites (41.7% versus 38.5%) and more likely to be obese than whites (21.6% versus 19.1%). From 1996 to 2000, Hispanics in Florida had a higher heart disease death rate than Hispanics nationally (369 per 100,000 versus 348 per 100,000).

However, from 1991 to 1998, Hispanics had a lower stroke death rate (66 per 100,000) than whites (97 per 100,000) or African Americans (102 per 100,000). In addition, Hispanics in Florida had a lower stroke death rate than Hispanics nationally (66 per 100,000 versus 79 per 100,000). BRFSS data from 2003 also indicate that Hispanics in Florida were less likely than whites to report having been told that they have diabetes (6.0%, compared to 8.6% for whites).

The state of Florida passed a law in 2000 that provided funding for a grant program to begin to address disparities in health. Grants are provided to local counties and organizations with the intent to increase community-based health promotion and disease prevention activities.

Other Disparities

- **Diabetes:** African Americans in Florida are more likely than whites to report having been told that they have diabetes (10.3% versus 8.6%).
- **Cervical Cancer:** Although 2002 BRFSS data indicate that African American women were more likely to report having had a Pap smear in the last 3 years (13.4% versus 16.6%), from 1997 to 2001 African American women had a cervical cancer death rate that was more than twice that of white women (6.8 per 100,000 versus 2.9 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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